

	INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
	Chapter 12: Foster Family Home Licensing	Effective Date: 3/1/07
	Section 10: Second Licensing Home Visit	Version: 1

POLICY:	OLD POLICY: 609.2333
----------------	-----------------------------

The Indiana Department of Child Services (DCS) requires the licensing worker to conduct a second home visit of the applicant or resource family home to discuss and review policies and self-assessment activities.

Code Reference

[465 IAC 2-1-4: Housing; full-time care; standards and requirements](#)

[465 IAC 2-1-5: Sanitation; full-time care](#)

[465 IAC 2-1-11: Housing, intermediate care; standards and requirements](#)

[IC 31-27-4-4: Consultation with fire prevention and building safety commission](#)

[IC 31-27-4-16: Duration of license; limitations; renewal](#)

[IC 31-27-4-18: Inspection of foster family homes](#)

[IC 31-27-4-19: Records of monitoring activities and inspections](#)

[IC 31-27-4-20: Cooperation by licensees](#)

PROCEDURE

Prior to the Second Licensing Home Visit, the licensing worker will:

1. Review all information contained on the forms that were completed by the applicant and submitted at or after the first home visit
2. Determine, based on the information collected during the home environment assessment, if the home environment meets minimum standards in its present condition or if changes are needed
3. Review results of Background Checks on all persons living in the home, regardless of age. Refer to separate policies, Chapter 12, [Conducting Background Checks for Foster Family Home Licensing](#) and [License Denials](#)
4. Schedule the second home visit
5. Assure that the applicant received a copy of the following documents in the licensing packet:
 - a. [Medical Report for Primary Caregivers \(SF45145/CW\)](#)
 - b. [Medical Report for Household Members \(SF45144/CW0038\)](#) (if applicable)
 - c. [Instructions for Water Analysis](#)
 - d. [Substitute Care Agreement \(SF47344/CW0015\)](#)
 - e. [Family Network Diagram](#)
 - f. [Paving the Way to a Decision, Part B \(SF53185/CW3416\)](#)
6. Provide the applicant with the following:
 - a. [Indiana Foster Family Resource Guide](#)
 - b. [Child Health Challenges Checklist](#)
 - c. [Separation and Loss Tool](#)
 - d. The following DCS policies:
 - i. [Developing a Visitation Plan](#)

- ii. Implementing a Visitation Plan
- iii. Health Care Services (Overview)
- iv. Educational Services
- v. Special Education Services
- vi. Clothing and Personal Items
- vii. Discipline
- viii. Travel
- ix. Respite Care for Resource Families
- x. Role of the Resource Parent
- xi. Provision of Services to the Resource Family

During the second home licensing visit, the licensing worker will:

1. Collect the following completed forms, if not already collected:
 - a. [Medical Report for Primary Caregivers \(SF45145/CW\)](#)
 - b. [Medical Report for Household Members \(SF45144/CW0038\)](#), if applicable
 - c. Results of Water Analysis test
 - d. [Substitute Care Agreement \(SF47344/CW0015\)](#)
2. Complete self-assessment activities with the prospective foster parent(s) contained in the [Family Network Diagram](#), [Child Behavior/Health Challenges Checklist](#), and the [Paving the Way to a Decision, Part B](#) form
3. Review and discuss the DCS policies listed above, unless the step has already been completed during a prior placement
4. Discuss any remaining questions or concerns about fostering that the prospective family has

Following the second home licensing visit, the licensing worker will:

1. Maintain collected documentation in the foster family home case record
2. Prepare the [Foster/Adoptive Family Preparation Assessment Summary](#)
3. Enter the date of the completion of the collected forms and home study into ICWIS

Next Steps: Refer to separate policy, Chapter 12, [Family Preparation and Summary](#).

PRACTICE GUIDANCE

- N/A

FORMS AND TOOLS

- [Medical Report for Primary Caregivers \(SF45145/CW\)](#)
- [Medical Report for Household Members \(SF45144/CW0038\)](#), if applicable
- [Instructions for Water Analysis](#)
- [Substitute Care Agreement \(SF47344/CW0015\)](#)
- [Family Network Diagram](#)
- [Indiana Foster Family Resource Guide](#)
- [Child Health Challenges Checklist](#)
- [Separation and Loss Tool](#)
- [Paving the Way to a Decision, Part B \(SF53185/CW3416\)](#)
- [Foster/Adoptive Family Preparation Assessment Summary](#)

RELATED INFORMATION

- N/A